

7-22-04

PATENT
730305-2014

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : John UNDERWOOD et al.
Serial No. : 09/652,612
For : METHOD AND APPARATUS FOR PROVIDING
CONDITIONAL CUSTOMIZATION FOR
GENERATING A WEB SITE
Filed : August 30, 2000
Examiner : Matthew J. Ludwig
Art Unit : 2178

RECEIVED

JUL 27 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV 345010765 US

Date of Deposit: July 20, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

PETER WITHSTANDER

(Typed or printed name of person mailing paper or fee)

RP Woods

(Signature of person mailing paper or fee)

AMENDMENT

MAIL STOP AMENDMENT
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the non-Final Office Action dated January 20, 2004, a three-month extension of time being requested herein, please consider the following remarks.

07/23/2004 MBIZUNES 00000073 09652612

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745 Fifth Avenue
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PETER WITHSTANDLEY
(Typed or printed name of person mailing paper or fee)

[Signature]
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MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

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☐ The fee has been calculated as shown below.

☒ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 40	Minus	** 42 =	* 0 x	\$18 (9)	= \$ 0
Independent claims	* 10	Minus	*** 10 =	* 0 x	\$86(43)	= \$ 0
			Total additional fee for this amendment			\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid __, or is paid herewith __.

☒ This response is being filed within the 3rd month following the expiration of the term originally set therefor. This is a petition to request a 3-month extension of time. A check covering the cost of the petition is enclosed.

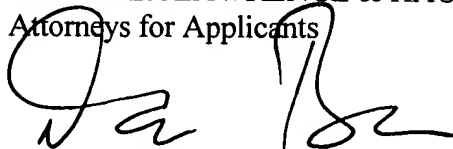
☒ A check in the amount of **\$475.00** is attached, which covers the cost of __ additional claims ☒ petition for extension of time.

☐ Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants



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Reg. No. 54,005
Tel. (212) 588-0800